## CHAIN-OF-CUSTODY / Analytical Request Document

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																WS-003 Thickner Overflow	WS-002 Scrubber Make-Up		SAMPLE ID One Character per box. (A-Z, 0-9/, -) Sample ids must be unique			Requested Due Date:	17	Mt. Iron, MN 55768	P.O. Box 417	y: USS Corporation	Required Client Information:	Can Deposit Spring
				March waster															MATRIX  MATRIX  Drinking Water DW  Water WT  Waste Water WP  Product P  Soli/Solid SL  Oil  Wipe AF  Other OT  Tissue TS			Project Name:	Purchase Order #:		Сору То:	Report To:	Required Project Information:	Section B
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## Document Name:

## Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.09 Document Revised: 23Feb2015

Page 1 of 1

Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Client Name: Project #: **Upon Receipt** Courier: Fed Ex UPS USPS Client Commercial Pace Other: Tracking Number: Optional: Proj. Due Date: ☑No Proj. Name: Custody Seal on Cooler/Box Present? Yes Seals Intact? Yes ØΝο Packing Material: Bubble Wrap Bubble Bags Other: Temp Blank? **™**es No Thermometer Used: 2 140792808 Type of Ice: Wet Samples on ice, cooling process has begun □Blue None Cooler Temp Read °C: Cooler Temp Corrected °C: Biological Tissue Frozen? Yes Temp should be above freezing to 6°C Correction Factor: 0.3 Date and Initials of Person Examining Contents: Chain of Custody Present? **Z**]Yes □No □N/A | 1. Chain of Custody Filled Out? **Z**Yes □No □N/A 2. Chain of Custody Relinquished? Yes □No □N/A 3. Sampler Name and Signature on COC? ZYes □No □N/A 4. Samples Arrived within Hold Time? **Z**Yes □No □N/A 5. Short Hold Time Analysis (<72 hr)? [Z]No ☐ Yes □N/A 6. **Rush Turn Around Time Requested?** [Z]No Yes □N/A 7. Sufficient Volume? **Z**Yes □ No □N/A 8. Correct Containers Used? ✓ Yes □No □N/A 9, -Pace Containers Used? **⊠**Yes □No □N/A Containers Intact? **1**✓ Yes No □N/A 10. Yes Filtered Volume Received for Dissolved Tests? □No □N/A 11. Note if sediment is visible in the dissolved containers. Sample Labels Match COC? **Z**Yes □No □N/A 12. -Includes Date/Time/ID/Analysis Matrix:\_ See pH log for results and additional preservation All containers needing acid/base preservation will be ☐Yes □No ØN/A documentation checked and documented in the pH logbook. Yes □No Headspace in Methyl Mercury Container [Z]N/A 13. Headspace in VOA Vials ( >6mm)? Yes □No ☑N/A 14. Trip Blank Present? Yes □No 15. ☑N/A Trip Blank Custody Seals Present? Yes []No ☑N/A Pace Trip Blank Lot # (if purchased): CLIENT NOTIFICATION/RESOLUTION Field Data Required? Yes No Person Contacted: Date/Time: Comments/Resolution:

**FECAL WAIVER ON FILE** 

**TEMPERATURE WAIVER ON FILE** 

Project Manager Review: Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)